

PTO/SB/01 (4-96)

Approved for use through 9/30/98 OMB 0651-0032

Type a plus sign (+) inside this box → ☐ Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>	Attorney Docket No.	
	First Named Inventor	FAJUN, Nan
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing         OR         Declaration <input type="checkbox"/> Submitted after Initial Filing	Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**"NEW METHIONINE AMINOPEPTIDASE INHIBITOR"***(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **03/25/2003** as United States Application Number or PCT InternationalApplication Number **PCT/CN03/00213** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §156.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
02111230.4	CN	04/02/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. (July 1996)

US

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PCT Applicant's Guide - Volume II - National Chapter - US

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/CN03/00213	03/25/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
HUDAK, Daniel J.	25,879	FARINE, Cheryl L.	36,796
SHUNK, Laura F.	31,423	HUDAK, Daniel J., Jr.	47,669
ROTE, Frank C. Jr.	20,395		
SHUST, Nestor W.	23,034		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	HUDAK, SHUNK & FARINE CO. LPA				
Address	2020 Front Street, Suite 307				
Address					
City	Cuyahoga Falls	State	Ohio	ZIP	44221
Country	US	Telephone	330-535-2220	Fax	330-535-1435

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Fajun	Middle Initial		Family Name	NAN	Suffix e.g. Jr.	
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Inventor's Signature					Date	Sep 20 2004	
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Residence: City	Shanghai CNX	State		Country	China	Citizenship	CN
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Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,					
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Post Office Address	Zhangjiang High-Tech Park, Putong New District					
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City	Shanghai	State		ZIP	201203	Country	China
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

(July 1996)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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2-00

Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Qizhuang			Middle Initial		Family Name	YE	Suffix e.g. Jr.	
Inventor's Signature	Qizhuang Ye						Date	9/20/2004	
Residence: City	Shanghai			State		Country	China CNX	Citizenship	CN
Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,								
Post Office Address	Zhangjiang High-Tech Park, Putong New District								
City	Shanghai			State		ZIP	201203	Country	China

3-00

Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Jingya			Middle Initial		Family Name	LI	Suffix e.g. Jr.	
Inventor's Signature	Jingya Li						Date	9/20/2004	
Residence: City	Shanghai			State		Country	China CNX	Citizenship	CN
Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,								
Post Office Address	Zhangjiang High-Tech Park, Putong New District								
City	Shanghai			State		ZIP	201203	Country	China

4-00

Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Zhiying			Middle Initial		Family Name	LIU	Suffix e.g. Jr.	
Inventor's Signature	Zhiying Liu						Date	9/20/2004	
Residence: City	Shanghai			State		Country	China CNX	Citizenship	CN
Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,								
Post Office Address	Zhangjiang High-Tech Park, Putong New District								
City	Shanghai			State		ZIP	201203	Country	China

5-00

Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Qunli			Middle Initial		Family Name	LUO	Suffix e.g. Jr.	
Inventor's Signature	Qunli Luo						Date	9/20/2004	
Residence: City	Shanghai			State		Country	China CNX	Citizenship	CN
Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,								
Post Office Address	Zhangjiang High-Tech Park, Putong New District								
City	Shanghai			State		ZIP	201203	Country	China

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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6-00

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Yongmei				Middle Initial		Family Name	CUI		Suffix e.g. Jr.	
Inventor's Signature	Yongmei Cui							Date	9/20/2004		
Residence: City	Shanghai				State		Country	China CNX		Citizenship	CN
Post Office Address	The National Center for Drug Screening, No. 189 Guo Shou Jing Road,										
Post Office Address	Zhangjiang High-Tech Park, Putong New District										
City	Shanghai				State		ZIP	201203		Country	China
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature								Date			
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		ZIP			Country	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature								Date			
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		ZIP			Country	
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature								Date			
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		ZIP			Country	
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Inventor's Signature								Date			
Residence: City					State		Country			Citizenship	
Post Office Address											
Post Office Address											
City					State		ZIP			Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.											